U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1,343	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Robert L Thompson	Name Ohio Council 8, AFSCME, AFL-CIO				
	Labor Organization File Number 512 931				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 927 Gibbs Avenue N.E.	Street 6800 North High Street				
City Canton	City Worthington				
State Ohio ZIP Code + 4 44705-1074	State Ohio ZIP Code + 4 43085				
5. Position in labor organization.  Akron Regional Director					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information					

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

on 8-11-05

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

330-784-6390

Name of Person f	Filing
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Robert L. Thompson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, se ling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

dealing with your labor organization or with a trust it which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Kaiser Permanente	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 1001 Lakeside Ave.	X c. Employer			
City Cleveland				
State Ohio ZIP Code + 4 44114				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name City of Cleveland  Trade Name, if any:	Kaiser Permanente contracts with employers to provide health insurance benefits to members of Ohio Council 8, AFSCME, AFL-CIO.			
P.O Box, Bldg., Room No., if any				
Street 601 Lakeside Ave.	11.b. Approximate dollar value of such dealing. unknown to filer			
City Cleveland	12.a. Nature of interest held or income received.			
State Ohio ZIP Code + 4 44114	Complementary round of gulf (6/29/04)			
Additional employer: Cuyahoga County Board of County Commission 1219 Ontario Street Cleveland, Ohio 44113	oners			
	12.b. Amount. \$125.00			

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer of (including trade name, if any).	r Labor Relations Consultant	14.a. Nature of payment.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.		